

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10621</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Robert R. Vigil</u> P.O. Box, Bldg., Room No., if any Street <u>12355 Sunrise Valley Drive</u> City <u>Reston</u> State <u>Virginia</u> ZIP Code + 4 <u>20191</u>	4. Name, file number, and address of labor organization. Name <u>Laborer's International Union of N/A</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any Street <u>905 16th Street, N.W.</u> City <u>Washington</u> State <u>D.C.</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Special International Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert R. Vigil

On

Aug 12, 2005 202-409-1002
Date Telephone Number

Name of Person Filing <u>Robert R. Vigil</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Laboreys Employers cooperation And Education trust</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>905 16th St. N.W</u> City <u>Washington DC</u> State <u>D.C.</u> ZIP Code + 4 <u>20006</u>	11.a. Nature of such dealing. <div style="height: 40px;"></div>
	11.b. Approximate dollar value of such dealing. <div style="height: 40px;"></div>
	12.a. Nature of interest held or income received. <div style="height: 40px;"></div>
	12.b. Amount. <div style="height: 40px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="height: 100px;"></div>
13.b. Is the Business an Employer _____ or Consultant _____ ?	14.b. Amount of payment. <div style="height: 40px;"></div>

Robert R. Vigil
1/1/04 thru 12/31/04
Part B of LM-30

Airline Travel to Tri-Fund Conference Paid by LECET Orlando,FL.	\$ 272.40
Hotel Paid by LECET at Tri- Fund Conference Orlando , FL.	\$ 1,404.90
Annual LECET Salary per 2004	\$ 85,826.15
LECET Paid Fringe Benefits	
Long Term Disability	\$ 286.54
Health and Welfare	\$ 15,419.76
401 (k) Match	\$ 2,554.78
Pension	\$ 11,922.30
\ Business expenses Reimbursed for 2004	\$ 4,355.24